



Cigarettes Purchased with Illinois Cigarette Revenue Stamps
Affixed to Original Packages

Read this information first

Sheet no. _____

- After you have completed this schedule, make a photocopy and retain the copy for your records; and
- Attach the completed original schedule to either Form RC-6, Cigarette Revenue Return, Form RC-6-A, Out-of-State Cigarette Revenue Return, Form RC-6-X, Amended Cigarette Revenue Return, or Form RC-6-A-X, Amended Out-of-State Cigarette Revenue Return.
- For additional instructions, see the back of Form RC-6, Form RC-6-X, Form RC-6-A, or Form RC-6-A-X.

Step 1: Identify your business

Name: _____ Illinois Business Tax number (IBT no.): _____

Address: _____ License no.: _____
Number and street

City _____ State _____ ZIP _____ Tax period: _____
Month Year

Step 2: Identify the cigarettes you purchased with Illinois stamps affixed or
purchased as returned merchandise from retailers

Date	Invoice no.	Account number of whom you purchased from	Name and address of whom you purchased from	Number of cigarettes
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Page total _____

Grand total _____